

Foster Family Home - Corrective Action Report

Provider ID: 1-626517

Home Name: Carolina Alhambra, CNA

Review ID: 1-626517-7

91-1009 Pa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/1/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH re-certification

6.(d)(1) - see applicable sections of the review

Home is in compliance with all requirements. Home will receive a 3 bed 2 year re-certification

Jackie Chamberlain RN
Compliance Manager

CCFFH
Primary Care Giver

11/1/19
Date

11-1-19
Date